

STATEWIDE PROGRAM STANDING COMMITTEE FOR ADULT MENTAL HEALTH

Meeting Notes
November 6, 2006

MEMBERS: Kitty Gallagher, Lyn Parker Haas, David Mitchell, Clare Munat, Sue Powers, Marty Roberts, and Jim Walsh

DMH STAFF: Pam Fadness, Melinda Murtaugh, Frank Reed, Terry Rowe, and Tom Simpatico

OTHERS: Richard Allain, Linda Corey, Zachary Hughes, and Sandi Knight

Facilitation

Marty Roberts facilitated today's meeting.

Introductions and Approval of Notes

After introductions, the Standing Committee approved the notes on the meeting of October 2 with one correction: the spelling of Lynn Coeby's name.

Vermont State Hospital (VSH) Focus Groups

Kitty Gallagher added this item to the agenda. She noted a need for at least two people from the Standing Committee to be present to conduct focus groups at VSH in the future. Jim Walsh volunteered to go to the focus group to be held a week from today (that is, November 13), and Marty Roberts volunteered to go on December 11. Thereafter, this item will be added to other recurring agenda topics as necessary to assure two facilitators each month.

Report from the Membership Committee

Marty moved to recommend Richard Allin for membership on the Standing Committee. David Mitchell seconded the motion, and the members present voted unanimously in favor. Melinda Murtaugh will send Richard a gubernatorial appointment form. She will also send Sandi Knight a membership application. Another person still interested in possible membership on the Standing Committee is Pam Anderson, but she has not been able to attend any meetings so far. Kitty suggested Jackie Lehman as another possibility. Jackie will be invited to attend a couple of meetings.

Standing Committee's Report on VSH

Standing Committee members were in general agreement that they need more information in order to complete their report on VSH. In the discussion that followed, several kinds of reports and information were mentioned as being desirable for this purpose. Jim Walsh made the point that the Standing Committee is looking for information in reports that already exist and does not

intend to create additional work for the State Hospital. Reports and other information that could be useful to the Standing Committee for its report include:

- ✓ Information on grievances and appeals and resolution (from VSH)
- ✓ Reports on patient and staff injuries (from VSH)
- ✓ Report on report cards (from Vermont Psychiatric Survivors)
- ✓ Policy development process (posted online under Governing Body)
- ✓ Policy implementation (Marty stated her wish for an independent source of information on implementation; it was noted that the new patient representative might be asked to report to the Standing Committee on this subject)
- ✓ Quality of inpatient care (again, the new patient representative could be a possible source of information)
- ✓ One or two stories of successful interventions that averted incidents of seclusion and restraint (Terry Rowe)
- ✓ Reports on patient and staff debriefings after incidents of seclusion and restraint (VSH)
- ✓ Specific issues in regard to inpatient care that have been brought out in the report from the Department of Justice (summary from Terry; also consider an independent source if possible—facilitators of focus groups could be a source of information here)
- ✓ Information about input to VPS (from Linda Corey)
- ✓ Information about input to the National Alliance for Mental Illness of Vermont (NAMI—VT) (from Clare Munat)
- ✓ Information on operations issues for the past year (from Dena Weidman, also from DOJ reports)

Division of Mental Health (DMH) Updates: Frank Reed

- ✪ One of the final two candidates for the deputy commissioner position left vacant by Paul Blake withdrew. The Standing Committee felt strongly that Governor Douglas should have more than one candidate from whom to choose to fill such a critical position. Marty Roberts offered to write a letter to Cynthia D. LaWare, the Secretary of the Agency of Human Services, to express the Standing Committee's position on this matter. Linda Corey, who was one of the members of the search committee for a new deputy commissioner, spoke in praise of the good process that was employed for the search as well as the widely representative composition of the committee.
- ✪ Patti Barlow, who has been DMH's Acute Care Chief for the past seven years, is leaving at the end of November. She and her husband are moving back to the South.
- ✪ A statewide meeting of Vermont's local and statewide adult standing committees, sponsored by the Vermont Council of Developmental and Mental Health Services, was held on October 20. It was well attended, Frank said; people asked good questions and made several useful recommendations. The Council's formal notes on the meeting have not been distributed yet.
- ✪ Agreement on the recovery residence in Williamstown is proceeding toward closure. The contract is in the final stages of completion. After that, some work will need to be done on the facility before it opens early in the new year.

Futures Updates: Frank Reed

- ⌘ Work on the certificate of need (CON) that is now required for a successor inpatient facility to VSH is proceeding on schedule, Frank said. DMH has answered the initial questions from the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA), and is currently working on answers to a second round of questions. The immediate goal is for BISHCA to deem the application complete and schedule a public hearing sometime in December.
- ⌘ The Futures Advisory Committee is recommending increased funding of \$3 million for housing over the next three years (\$1 million for Fiscal Year 2008, an additional \$1 million in Fiscal Year 2009, and another \$1 million in Fiscal Year 2010), to be used for rental assistance and a variety of other housing supports.
- ⌘ The Futures work group on crisis beds is recommending priority on developing at least two beds in each of two areas of Vermont in which crisis beds do not currently exist: the Northeast corridor from White River Junction northward, and between Burlington and Bennington. The work group also recommends peer supporters for crisis situations.

UCLA (University of California at Los Angeles) **Modules: Drs. Tom Simpatico and Pam Fadness**

VSH is introducing these recently developed modules on social and independent living skills to enhance individuals' knowledge and capabilities in preparation for reintegration into their communities. They are practical and easily used to focus on specific areas depending on individual needs, Tom said. He has talked to designated agencies in Lamoille and Washington counties about implementing the modules as a bridge to the community to assure continuity of services. Linda added that the modules as used in California employ peers in the community working with patients.

Trainers' manuals and workbooks go with each module. The modules cover:

- Symptom Management
- Medication Management
- Recreation for Leisure
- Basic Conversation Skills
- Friendship and Intimacy
- Substance Abuse Management
- Community Re-entry

Training sessions are both active and interactive, Pam explained. The purpose is to enable individuals to meet their own goals in their own way. The modules are designed to be conducted in a group but they can also be done individually or even in a family setting. They should be conducted with as many of a person's support network as possible. Times of sessions can vary depending upon an individual's own desires or needs. Individuals can choose which modules they want to take.

VSH has been piloting the modules since April. Full implementation will require a good deal of restructuring of time and will be a cultural change for the staff, Tom said, so the modules are being introduced gradually.

Frank asked how well these modules line up with the Toolkits and best practices that have been implemented in the community. Tom replied that they line up very well. The modules are actually more comprehensive than the Toolkits. These and recovery skills, for example, are not at all mutually exclusive. Linda Corey spoke in favor of the modules based on what she has learned about them so far; she added that peers are going to start meeting this week to discuss their input on the modules for the Futures Advisory Committee.

Dr. Bob Lieberman, who developed the UCLA modules, will be doing a presentation at Grand Rounds at Fletcher Allen Health Care on Friday, December 1, 2006, from 1:30 a.m. until noon in Davis Auditorium. More information about the UCLA modules is available on the Web at psychrehab.com.

Variance and Patient-Injury Reports from VSH: Terry Rowe

Terry walked Standing Committee members through the two reports that were distributed. (See attachments.)

Items for the December Agenda

The Standing Committee will return to its regular schedule with a meeting on Monday, December 11, 2006, from 1:00 until 4:30 in the afternoon. Items on the agenda for that day are:

- Introductions, review of agenda, approval of minutes, facilitators for VSH focus groups
- Report from the Membership Committee
- Re-designation of Northwestern Counseling and Support Services
- Continuation of work on the Standing Committee's VSH report
- Conference reports from Kitty and Marty
- Public comment
- January agenda

ADDENDUM TO NOTES FOR NOVEMBER 6

- ✓ Information on grievances and appeals and resolution (from VSH)
- ✓ Reports on patient and staff injuries (from VSH)
- ✓ Report on report cards (from Vermont Psychiatric Survivors)
- ✓ Policy development process (posted online under Governing Body)
- ✓ Policy implementation (Marty stated her wish for an independent source of information on implementation; it was noted that the new patient representative might be asked to report to the Standing Committee on this subject)
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Additional suggestions for the VSH report:

- ✓ Planning grid/routine reporting for the licensing board (from Terry Rowe)
- ✓ On VPS report cards: JoEllen will follow up with Linda
- ✓ On policy development process: The Standing Committee needs to discuss a mechanism for feedback as a group to VSH on proposed policies
- ✓ Annual licensing information—as additional documentation on quality of inpatient care
- ✓ Annual report from the Treatment Review Panel
- ✓ Annual inspection reports from BGS, the fire marshal, et alia